## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Lobbyist's name and permanent business address

To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

Date prepared

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Period covered

(Type or print clearly in black ink) See instructions at bottom of page

Basil American 415 West Coelin Blackfoot Id		3/10/08			(Day)	(Yr.)		
Itam					1 1 10	2	29	08
Category of Expenditure Reimbursed Personal Living and Trav	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)							
Expenses Pertaining to Lobbying Activ  Do Not Have to be Reported	All Employers	Employer No.	! I	Employer No. 2	Employer No	0. 3	Employer	No. 4
Entertainment Food and Refreshment	s Thone	\$	\$		\$	\$	S	
Living Accommodations			_					
Advertising			$-\mid$ $-$					
Travel								
Telephone	1		_   _					
Other Expenses or Services								
Total	\$7lone	\$	\$		\$	\$	8	
*When the number of employers								on Page 1.
The totals of each exper		egislator, o mount	or, other holder of public office, and executive officials.  Names of Legislators, Public and Executive Officials in Gro			in Group		
				Os C	llove			
Continued on attached page	Item 3	Employer(s) Name(s) and Address(es)						
IN		<u> </u>						
Who should file this form: 67-6617 Idaho Code	No. 1							
<b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.								
TO BE FILED WITH:	No. 3							
Secretary of State PO Box 83720 Boise, ID 83720-0080			No. 4					
Phone: (208) 33								

Item 4					r by the lobbyist's employer in the nature of contributions of money or other tangible or intangible ublic or Executive Official or for or on behalf of any Legislator, Public or Executive Official.					
	D	ate	Amount	Nan	Name of Legislator, Public or Executive Official Receiving or Benefiting					
			ylone							
Item				on, the number of the Senate		LEGISLATIVE SUB	JECT	IDENTIFICATION		
5			Resolution or other as supporting or op	legislative activity in which	Code	Cubicat	Codo	Subject		
		-			Ol	Subject Agriculture, horticulture,	17	Subject Health service, medicine, drugs		
Subject				Appropriation Bill Number	01	farming, and livestock	17	and controlled substances, health		
(from t	able)	Legislati	ive Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals		
						and sports	18	Higher education		
					03	Banking, finance, credit and	19 20	Housing, construction, codes		
					04	investments Children, minors, youth,	20	Insurance (excluding health insurance)		
					04	senior citizens	21	Labor, salaries and wages,		
					05	Church and religion		collective bargaining		
					06	Consumer affairs	22	Law enforcement, courts,		
					07	Ecology, environment, pollution,		judges, crimes, prisons		
						conservation, zoning, land and	23 24	License, permits Liquor		
					08	water use Education	25	Manufacturing, distribution and		
					09	Elections, campaigns, voting,	20	services		
				·	10	political parties Equal rights, civil rights,	26	Natural resources, forest and forest products, fisheries, mining		
					١	minority affairs	27	and mining products		
		31	one		11	Government, financing,	27 28	Public lands, parks, recreation		
		11	one			taxation, revenue, budget, appropriations, bids, fees, funds	20	Social insurance, unemployment insurance, public assistance,		
					12	Government, county		workmen's compensation		
					13	Government, federal	29	Transportation, highways,		
					14	Government, municipal		streets and roads		
					15	Government, special districts	30	Utilities, communications,		
					16	Government, state		televisions, radio, newspaper, power, CATV, gas		
							31	Other (please specify)		
						CERTIFICATION: I hereby certif correct statement in accordance w				
	* 1				7	correct statement in accordance w	7	non of-0024 fuallo Code.		
100,111				ision, procurement, contract es or bond lobbyist was	,		//	, ,		
		oid proce ting or o	,	o or bond loboyist was		Marka	K	3/10/08		
	1,1	3	<u> </u>		1 :	a funding	<i>(/ &gt; )</i>			
						Lobbylst signature	-	Date		
						/ /				